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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU030291
	First Named Inventor	Donald Henry Willis et al.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PIXEL SHIFTING COLOR PROJECTION SYSTEM**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/511,801	10/16/2004	
60/511/872	10/16/2004	
60/511,958	10/16/2004	

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label				OR <input type="checkbox"/> Correspondence address below	
<b>Name</b>		JOSEPH S. TRIPOLI			
<b>Address</b>		THOMSON LICENSING INC.			
<b>Address</b>		PO Box 5312			
<b>City</b>		<b>State</b>		<b>ZIP</b>	
PRINCETON		NJ		08543-5312	
<b>Country</b>		<b>Telephone</b>		<b>Fax</b>	
USA		609-734-6834		(609) 734 - 6888	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>		<b>Family Name or Surname</b>			
DONALD HENRY		WILLIS			
<b>Inventor's Signature</b>		<i>Donald Henry Willis</i>		<b>Date</b>	
				October 19, 2004	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
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US					
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<b>City</b>		<b>State</b>		<b>ZIP</b>	
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				<b>Country</b>	
				US	
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b>		<b>Family Name or Surname</b>			
BILLY WESLEY		BEYERS			
<b>Inventor's Signature</b>		<i>Billy Wesley Beyers</i>		<b>Date</b>	
				Oct 25 2004	
<b>Residence: City</b>		<b>State</b>		<b>Country</b>	
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				<b>Citizenship</b>	
				US	
<b>Mailing Address</b>					
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<b>City</b>		<b>State</b>		<b>ZIP</b>	
CARMEL		INDIANA		46033	
				<b>Country</b>	
				US	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
 Supplemental Sheet  
 Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
ESTILL THONE		HALL, JR.	
Inventor's Signature <i>x Estill Thone Hall, Jr.</i>		Date <i>x 10-14-04</i>	
Residence: City	FISHERS	State	IN
Country	US	Citizenship	US
Mailing Address			
Mailing Address 9978 NIAGARA DRIVE			
City	FISHERS	State	INDIANA
ZIP	46038	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
MICHAEL SCOTT		DEISS	
Inventor's Signature <i>x Michael Scott Deiss</i>		Date <i>x OCT 15, 2004</i>	
Residence: City	ZIONSVILLE	State	IN
Country	US	Citizenship	US
Mailing Address			
Mailing Address 1103 INDIAN PIPE LANE			
City	ZIONSVILLE	State	INDIANA
Zip	46077	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
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PTO/SB/81 (11-04)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	DONALD HENRY WILLIS et al.
Title	PIXEL SHIFTING COLOR PROJECTION SYSTEM
Art Unit	
Examiner Name	
Attorney Docket Number	PU030291

I hereby appoint:

☒ Practitioners at Customer Number

Customer Number 24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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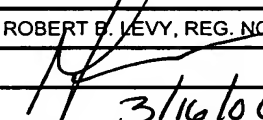
<input type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Patent Operations				
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Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6820	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name	ROBERT B. LEVY, REG. NO. 28,234				
Signature					
Date	3/16/06			Telephone	609-734-6820

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY  
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We,

THOMSON LICENSING  
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do hereby grant

Joseph J. Laks  
Vice President  
Thomson Licensing Inc.  
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Princeton, New Jersey 08540

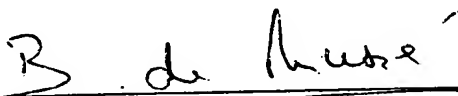
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DATED this \_\_\_\_14th\_\_\_\_ day of \_\_February\_\_, in the year 2006.

Signature:

Typed Name As Signed:

Title:

  
Béatrix de Russé  
Authorized Representative,  
Vice-President Intellectual Property & Licensing

THOMSON LICENSING

**POWER OF ATTORNEY**  
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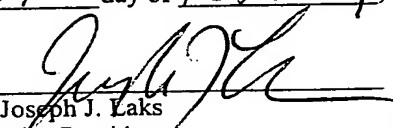
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*Princeton, New Jersey 08540*

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DATED this 27<sup>th</sup> day of February, 2006.

SIGNED

  
Joseph J. Laks  
Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

